Case: 1:12-cr-00043-MRB Doc #: 140-1 Filed: 05/07/13 Page: 1 of 6 PESHIB#: 1890

Business Depository Resolu  X NEW _ CHANGE	tion		BANK ONE.
ACCOUNT TITLE			
HILLMAN & WOLERY		ACCOUNT #	623708260
ATTORNEY'S AT LAW	т	AXPAYER ID #	
	A	COUNT TYPE	Bank One Basic Business Checking
BUSINESS ADDRESS 425 METRO PL N SUITE 460		ISSUED BY	Bank One, NA ( 001 ) Dublin
DUBLIN, OH 43017			31 BRITYN E LARRICK (614)248-2440 10/5/2004
Legal Name of Business HILLMAN & WOLERY (th	e "Business )		
The individual(s) signing this Resolution hereby cert	lifies to Bank One that the Business is (check one)		
$\underline{X}$ a sole proprietorship owned entirely by the	individual signing this Resolution		
organized under the laws of the state/countri	y of consisting of all of the general partne		al partnership or the sole general partner Lightis Taggituled partnership or the sole general partnership or the sole general partnership.
a corporation duly organized and in good s	landing under the laws of the state/country of	and that the IT	ndividual signing this Resolution 1145 secretary of assault in 5.6
an unincorporated association or organiz	ration and the individual(s) signing this Resolution	is the keeper of the	records and seal if any
a limited liability company			
and that the following is a true and correct copy of	the resolutions adopted by the Business on <u>01/01/</u>	2004 and that such	resolutions are now in full force and effect
payable or endorsed including those drawn or end	forsed to the individual order of any such person so	position of the proc offisted	eeds and regardless of to whom such instruments are Facsimile Signatures if Applicable
STEVEN E HILLMAN DON'E WOLERY	Owner Owner		
Business as they or any of them see lit, the terms	istruct Bank One to close the account, and is further s of all agreements, instruments, drafts, certificates	e Business in any : r authorized to sign or other document	matter involving any of the Business' depository and implement for and in the name on behalf of the is relating to any depository account or other business unds transfer agreements or safe deposit agreements
those drawn to the individual order of any person	Facsimile Signature Auth ected to honor checks drafts and orders for the pa when the check draft or order bears or purports to against any forgery or unauthorized use or misus	yment of money dr	rawn on any of the accounts listed above including signature(s) as shown above or on the signature card igning devices
any general partner (if a partnership) is authorized of persons authorized to carry out the purposes a or modification is received by Bank One. If the air resolved that Bank One shall be indemnified and without notice.	d to certify to Bank One the name. It lie specimen's not intent of these resolutions and that this resolution luthority contained herein should be revoked or term saved harmless from any and all losses suffered o	oraled association), ignature and facsin on shall remain in futurialed by operation is labilities incurred the seal of any of the For Partner	the sole owner/proprietor (if a sole proprietorship), or nate signature with respect to any additions or deletions all force and effect unit express written notice of recision not law or any other reason without such notice it is by it in so acting after such revocation or termination be Business thisday of
Secretary	Owner/Sole Proprietor	The state of the s	All or Ver
THIS IS A NOT-FOR-PROFIT BUSINESS		Partner/Me	300

_	Case: 1:1	.2-cr-00043-M	RB Doc #: 140	0-1 File		/13 Page: 2 o		GEID #: 891	
Rev (11/03)			DON E WOLERY	STEVEN E HILLMAN	If the IRS has notified you that you are subject to backup withholding due to underreporting interest or dividends on your tax return, and you have need above.  If you are a non-resident alien, check here to acknowledge you have supplied the Bank with certification through the appropriate Form W-8. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding PRINTED NAME.  TAXPAYER ID #	SIGNER(S) TO BE ADDED LATER  ACKNOWLEDGEMENT By signing this Signature Card either individually pandly or through your duly authorized below are genuine or facsimile signatures of the person(s) authorized to transact business on your account and (ii) a entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Badiscretion, to obtain credit reports on your You acknowledge receipt of the Bank's deposit account agreement, which receives it applicable and agree his be bound by the agreements and terms contained therein CERTIFICATION - I centry under penalty of perjury that (1) the Taxpayer identification Number given is correct and Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or different aftern).	PRIMARY (DENTIFICATION None	BUSINESS ADDRESS 425 METRO PL N SUITE 460 DUBLIN OH 43017	ATTORNEY'S AT LAW
- Large - Larg					to backup withholding due to underreporting intersecknowledge you have supplied the Bank with certific ovision of this document other than the certific TAXPAYER ID #	Card either individually jointly or through you reson(s) authorized to transact business on your reson(s) authorized to transact business on your (s) unit written revocation of such authority is in the depth account free whether the best and the same support and terms that (1) the Taxpayer identification Number give that (1) with Taxpayer identification failure to repobackup withholding as a result of failure to repo	ID NUMBER		
			Owner	Owner	erest or dividends on your lax return and you had entification through the appropriate Form W-8 iffications required to avoid backup withholding #	r duly authonzed representative(s) you apply to account and (ii) all necessary action of formalitit accived by the Bank. You certify that the informagement, which includes all provisions that agreement and (claim) and an only account and are and (2) i am not subject to backup in all interest or dividends or (c) the iRS has not	ISSUER ISS		
			Mondo Mahay	Mohllmon	If the IRS has notified you that you are subject to backup withholding due to underreporting interest or dividends on your tax return and you have not been notified that the backup withholding is terminated check here and cross out nem? above  If you are a non-resident alien check here to acknowledge you have supplied the Bank with certification through the appropriate Form W-8  IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding  PRINTED NAME  TAXPAYER ID #  TAXPAYER ID #	SIGNER(S) TO BE ADDED LATER  ACKNOWLEDGEMENT By signing this Signature Card either individually jointly or through your duly authorized representative(s) you apply to open a deposit account at the Bank. You represent and wastent that (s) the signatures appearing this below are genume or facinities where necessary have been taken to authorize the named person(s) architectures of the person(s) architectures on your account and (i) all necessary action of formalities, where necessary have been taken to authorize the Bank is entired to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. You certify that the information provided to the Bank by you is true to the best of your knowledge and authorize the Bank at its officer. It is not account an your you acknowledge received the Bank is all is not included an applicable and agree to be bound by the agreements and terms contained therein receively management services if applicable and agree to be bound by the agreements and terms contained therein contains that apply to this deposit account, and other agreements and service terms for account analysis and other creative management services. It is applicable and agree to be bound by the agreements and terms contained therein contains that apply to this deposit account, and other agreements and service terms for account analysis and other creative management account, and other agreements and service terms for account analysis and other creative management account, and other agreements and service terms for account analysis and other creative management account, and other agreements and service terms for account analysis and other creative management account, and other agreements and service terms for account analysis and other creative management account, and other agreements and service terms for account analysis and other creative management account, and other agreements and service terms for account analysis and other account analysis and other account analys	DATE DATE 10/5/2004	TAXPAYER ID NUMBER  DATE OPENED 09/21/2004  FORM OF BUSINESS Sole Proprietorship ISSUED BY Bank One. NA ( 001 ) Dublin 31 BRITYN FLARRICK	ACCOUNT TYPE Bank One Basic Business Checking
			0 60	10 5 25	Check nere and cross out  DATE	withat (1) the signatures appearing lerson(s) to so act. The Bank is illedge and authorize the Bank at its simple for account analysis and other or (b) I have not been notified by the (3) I am a U.S. person (including a		RECEIVED BY DOC PREP NATIONAL OCT 0 6 2004	s Checking

Business Signature Card

BANKEQNE.

ACCOUNT NUMBER 623708260

HILLMAN & WOLERY

## **Business Signature Card** CHASEO

ACCOUNT TITLE ("DEPOSITOR") PHYSICIANS PHARMACY LLC



TAXPAYERID NUMBER ACCOUNT NUMBER ACCOUNT TYPE Chase Business Classic 893744524 27-2588970

DATE OPENED 05/17/2010

New Account

FORM OF BUSINESS ISSUED BY JPMorgan Chase Bank, N.A. (001) Limited Liability Company

ERIK C VARHUS

614-248-5800 05/17/2010

02/10/2010 SSUANCE EXP DATE

SIGNER(S) TO BE ADDED LATER 100

PRIMARY IDENTIFICATION

ID NUMBER

DUBLIN OH 43017-5324

State Certification of Business

BUSINESS ADDRESS 425 METRO PL N STE 460

CERTIFICATION—The undersigned certifies under penetities of perjury that (1) the Depositor's Taxpayar identification Number shown above is correct, and (2) the Depositor is not subject to backup withholding because (a) the Depositor is axempt from backup withholding, or (b) the Depositor has not been notified by the Infamai Revenue Service (IRS) that it is audject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Depositor that it is no longer subject to backup withholding, and (3) the Depositor is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions). named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion to obtain credit or factionally signatures of the person(s) authorized to transact business and (ii) all necessary action or formalities, where necessary have been taken to euthorize the named person(s) to so ed. The Bank is entitled to rely on the authority of the reports on the Depositor and the individual(s) listed below. The Depositor acknowledges receipt of the Bank's Account Rules and Regulations or other applicable account agreement, which includes all provisions that apply to this deposit ACKNOWLEDGEMENT - By signing this Signature Card the Depostor applies to open a dopost accodent at JPMorgan Chase Bank, N.A. (the Bank) The Depositor represents and warrants that (i) the signatures appearing below are genuine account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time

If the IRS has notified the Depositor that it is subject to backup withholding due to underreporting inferest or dividends on its tax return, cross out item 2 above

STEVEN E HILLMAN The internal Rayanue Service does not require your consent to any provision of this document other than the certifications required to evoid backup withholdin The Depositor is a foreign entity, and therefore the penalties of perjury cartification on this form do not apply. In addition, the Depositor has certified its foreign status to the Bank by completing the appropriate Form W-6 Manager Managed regentived by Dog Prep MAY 18 LU1U မ္တ Rusy (12/04) Ones S



## **BUSINESS DEPOSITORY RESOLUTION**





X\_ NEW CHANGE

**ACCOUNT NO. 893744524** 

BANK NAME/NUMBER JPMorgan Chase Bank, N.A. (001)

ACCOUNT TITLE PHYSICIANS PHARMACY LLC

BRANCH NAME AND NO. Dublin - 31

DATE 05/17/2010

BUSINESS ADDRESS 425 METRO PL N STE 46	
DUBLIN, OH 43017-5324	PREPARED BY ERIK C VARHUS
	PHONE NO. 614-248-5800
TAXPAYER ID NO. 27-2588970	
PRODUCT TYPE Chase Business Classic	
Legal Name of Business PHYSICIANS PHARMACY LLC	(the *Business*)
The individual(s) signing this Resolution hereby certifies to a sole proprietorship owned entirely by the individual	JPMorgan Chase Bank, N.A. ("the Bank") that the Business is (check one): all signing this Resolution;
a duly formed and valid existing	
	hiplimited liability partnership limited liability limited partnership joint venture
organized under the laws of the state/country of , ar	d the persons signing this Resolution constitute all of the general partners of the partnership.
	under the laws of the state/country of and that the individual signing this
,	the keeper of the records and corporate seal, if any; nd the individual(s) signing this Resolution is the keeper of the records and seal, if any;
~	ws of the state/country of USA and the individuals signing this Resolution
constitute all of the members or managers, as appro	· · · · · · · · · · · · · · · · · · ·
and that the following is a true and correct copy of the res	olutions adopted by the Business and that such resolutions are now in full force and effect.
instruments are payable or endorsed, including those dra	epository and Withdrawal Authorization  which the funds of the Business may be deposited and/or withdrawn by any one of the persons listed below in the sunt Agreement. Each person so listed is authorized to endorse for collection, deposit or negotiation any and all sosit, and orders for the payment or transfer of money between accounts at the Bank and other banks, either s. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any or may supply the endorsement of the Business. The person(s) so designated is authorized to sign any and all account(s) of the Business (including savings accounts) at the Bank. The Bank is authorized to honor and pay all thout inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such who or endorsed to the individual order of any such person so listed.
Name STEVEN E HILLMAN	Title Facsimile Signatures if Applicable
STEVEN E HILLMAN	маладег маладец
business, as they, or any of them see fit, the terms of all	Signing Authorization e is authorized to act for and on behalf of the Business in any matter involving any of the Business' depository e Bank to close the account, and is further authorized to sign and implement for and in the name on behalf of the greenents, instruments, drafts, certificates, or other documents relating to any depository account or other business nents, repurchase agreements, night depository agreements, funds transfer agreements or safe deposit agreements.
drawn to the individual order of any person when the che	Facsimile Signature Authorization  onor checks, drafts, and orders for the payment of money drawn on any of the accounts listed above including those ck, draft, or order bears or purports to bear the facsimile signature(s) as shown above or on the signature card. The forgery, or unauthorized use or misuse of the facsimile signing devices.
DE LE FUDE PER DESOUVERS ALLA PER	Further Authorizations
tacsimile signature with respect to any additions or dek remain in full force and effect until express written notice	tant secretary (if a corporation or unincorporated association), the sole owner/proprietor (if a sole proprietorship), any or any general partner (if a partnership) is authorized to certify to the Bank the name, title, specimen signature and tions of persons authorized to carry out the purposes and intent of these resolutions and that this resolution shall of recision or modification is received by the Bank. If the authority contained herein should be revoked or terminated ce, it is resolved that the Bank shall be indemnified and saved harmless from any and all losses suffered or liabilities tion without notice.
	r subscribed his/her name(s) and affixed the seal, if any, of the Business this
Secretary	vneriSole Proprietor
THIS IS A NOT-FOR-PROFIT BUSINESS	Partner/Member/Manager
JPMorgan Chase Bank, N.A. Member FDIC Catalog # 04382 (12/06)	Partner/Member/Manager



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## CHASE **G**Business Signature Card

ACCOUNT TITLE ("DEPOSITOR")
PHYSICIANS PHARMACY LLC





ACCOUNT NUMBER 893744524
TAXPAYERID NUMBER 27-2588970
ACCDUNT TYPE Chase Business Classic

DATE OPENED 05/17/2010

New Account

FORM OF BUSINESS Limited Liability Company issued by JPMorgan Chase Bank, N.A. (001)

Dublin ERIK C VARHUS

614-248-5800 05/17/2010

ISSUANCE EXP DATE 02/10/2010

ISSUER

State Certification of Business

SigneR(S) TO BE ADDED LATER

ACKNOWLEDGEMENT - By signing this Signature Card the Depositor applies to open a deposit accordant at JPMorgan Cr

ID NUMBER

PRIMARY IDENTIFICATION

DUBLIN OH 43017-5324

BUSINESS ADDRESS 425 METRO PL N STE 460

CERTIFICATION—The undersigned certifies under penetities of perjury that (1) the Depositor's Taxpayar identification Number shown above is correct, and (2) the Depositor is not subject to backup withholding because (a) the Depositor is axempt from backup withholding, or (b) the Depositor has not been notified by the Infamai Revenue Service (IRS) that it is audject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Depositor that it is no longer subject to backup withholding, and (3) the Depositor is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions). named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion to obtain credit or factionally signatures of the person(s) authorized to transact business and (ii) all necessary action or formalities, where necessary have been taken to euthorize the named person(s) to so ed. The Bank is entitled to rely on the authority of the reports on the Depositor and the individual(s) listed below. The Depositor acknowledges receipt of the Bank's Account Rules and Regulations or other applicable account agreement, which includes all provisions that apply to this deposit ACKNOWLEDGEMENT - By signing this Signature Card the Depostor applies to open a dopost accodent at JPMorgan Chase Bank, N.A. (the Bank) The Depositor represents and warrants that (i) the signatures appearing below are genuine account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time If the IRS has notified the Depositor that it is subject to backup withholding due to underreporting inferest or dividends on its tax return, cross out item 2 above

STEVEN E HILLMAN The internal Rayanue Service does not require your consent to any provision of this document other than the certifications required to evoid backup withholdin The Depositor is a foreign entity, and therefore the penalties of perjury cartification on this form do not apply. In addition, the Depositor has certified its foreign status to the Bank by completing the appropriate Form W-6 Manager Managed regentived by Dog Prep MAY 18 LU1U မ္တ Rusy (12/04) Ones S





## **BUSINESS DEPOSITORY RESOLUTION**





CHASE O

X\_NEW

\_ CHANGE

**ACCOUNT NO. 893744524** 

BANK NAME/NUMBER JPMorgan Chase Bank, N.A. (001)

ACCOUNT TITLE PHYSICIANS PHARMACY LLC

BRANCH NAME AND NO. Dublin - 31

DATE 05/17/2010

BUSINESS ADDRESS 425 METRO PL N STE 460

DUBLIN, OH 43017-5324	PREPARED BY ERIK C VARHUS			
•	PHONE NO. 614-248-5800			
TAXPAYER ID NO. 27-2588970				
PRODUCT TYPE Chase Business Classic				
Legal Name of Business PHYSICIANS PHARMACY LLC	(the "Business")			
The individual(s) signing this Resolution hereby certifies to JPMorgan Chase				
a sole proprietorship owned entirely by the individual signing this Re				
a duly formed and valid existing				
	ed Bability partnership limited liability limited partnership joint venture			
organized under the laws of the state/country of , and the persons sign	ning this Resolution constitute all of the general partners of the partnership.			
a corporation duly organized and in good standing under the laws of	the state/country of and that the individual signing this			
Resolution is its secretary or assistant secretary and the keeper of the records and corporate seaf, if any;				
an unincorporated association or organization and the individual(s	) signing this Resolution is the keeper of the records and seaf, if any;			
X a limited liability company organized under the laws of the state/cou	•			
constitute all of the members or managers, as appropriate of the comp				
and that the following is a true and correct copy of the resolutions adopted by	nd Withdrown Authorization			
RESOLVED, that the Bank is designated a depository in which the funds of manner so designated, subject to the Bank's Deposit Account Agreement. E checks, drafts, notes, bills of exchange, certificates of deposit, and orders for belonging to or coming into the possession of the Business. Endorsements depository account of the Business without endorsement or may supply the checks, drafts, and orders drawn against any designated account(s) of the Echecks, drafts, and orders when so signed or endorsed without inquiry as to instruments are payable or endorsed, including those drawn or endorsed to	the Business may be deposited and/or withdrawn by any one of the persons listed below in the Each person so listed is authorized to endorse for collection, deposit or negotiation any end all or the payment or transfer of money between accounts at the Bank and other banks, either "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any endorsement of the Business. The person(s) so designated is authorized to sign any and all Business (including savings accounts) at the Bank. The Bank is authorized to honor and pay all the circumstances of issue or disposition of the proceeds and regardless of to whom such the individual order of any such person so listed.			
Name	Title Facsimile Signatures if Applicable			
STEVEN E HILLMAN	•			
And the second s				
accounts at the Bank, including the authority to instruct the Bank to close the	ining Authorization act for and on behalf of the Business in any matter involving any of the Business' depository account, and is further authorized to sign and implement for and in the name on behalf of the ments, drafts, certificates, or other documents relating to any depository account or other business agreements, night depository agreements, funds transfer agreements or safe deposit agreements.			
RESOLVED, that the Bank is authorized and directed to honor checks, draft	e Signature Authorization  its, and orders for the payment of money drawn on any of the accounts listed above including those bears or purports to bear the facsimile signature(s) as shown above or on the signature card. The portized use or misuse of the facsimile signing devices.			
Fur	ther Authorizations			
tacsimile signature with respect to any additions or deletions of persons : remain in full force and effect until express written notice of recision or mod by operation of law or any other reason without such notice, it is resolved to incurred by it in so acting after such revocation or termination without notice.	·			
	er name(s) and affixed the seal, if any, of the Business this			
For Corporation or Unincorporated For Sole Proprietors Association or Organization:	For Partnership (all general partners must sign) or For Limiter Company (all members/managers must sign):  Partner/Member/Manager			
Secretary OurserSala Propriet				
Ownersone Propriet				
THIS IS A NOT-FOR-PROFIT BUSINESS	Partner/Member/Manager			
JPMorgan Chase Bank, N.A. Member FDIC Catalog # 04382 (12/06)	Partner/Member/Manager			



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HILL-01316